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IN THE SPECIFICATIONS

On page 9, rewrite paragraph [0032] to read as follows:

The tissue grasping mechanism 12 has a first elongated member or handle 18 which has a proximal section 19 configured for manual manipulation and a distal section 20 with a distal end 21 secured to connecting plate 17. The tissue grasping mechanism 12 also has a second elongated member or handle 22 which has a proximal section 23 configured for manual manipulation and a distal section 24 with a tissue grasping distal end or spike 25. The first and second elongated members 18 and 22 are pivotally connected at a pivot 26 proximally spaced from the distal ends of the first and second elongated members 18 and 22. Rotation of the second elongated member 22 about the pivot 26 adjusts the position of the tissue grasping distal end 25 with respect to the guide rail 11 to enable the tissue grasping distal end 25 to grasp uterine cervical tissue against the guide rail 11. In some instances the tissue grasping distal end 25 may penetrate through the cervical wall of the patient. The proximal ends of the first and second elongated members 18 and 22, which are configured to extend out of the patient during the procedure, are provided with finger grips 27 and 28 respectively to facilitate manual manipulation. The proximal ends are also provided with ratcheted locking members 30 and 31 respectively to releasably secure the proximal ends of the elongated members 18 and 22 together.

On page 11, rewrite paragraph [0034] to read as follows:

Tenaculum-like devices 10 are configured to engage other therapeutic or diagnostic instruments such as uterine artery occlusion devices which treat uterine disorders by applying pressure to the patient's uterine artery to restrict or terminate blood flow through the artery. One example of such an instrument is uterine artery

occlusion device 40 shown in Figure 3 mounted on tenaculum like device 10. The uterine artery occlusion device 40 has pressure-applying clamping elements 41 and 42 configured to fit on both sides of the patient's uterine cervix and press against the patient's vaginal fornix in order to occlude the patient's uterine arteries. Details of uterine artery occlusion devices with pressure-applying elements are disclosed in co-pending U.S. patent application Serial No. 10/300,116 filed on November 19, 2002, entitled "Occlusion Device with Deployable Paddles for Detection and Occlusion of Blood Vessels" and application Serial No. 10,300,495 entitled "Deployable Constrictor for Uterine Artery Occlusion," by Fred H. Burbank et al., assigned to the present assignee Both applications are hereby incorporated by reference in their entirety.

On page 12, rewrite paragraph [0036] to read as follows:

As shown in Figure 2, the proximal portions 19 and 23 of the tissue grasping mechanism 12 of the tenaculum-like device 10 may be configured to be removable during use. This allows the distal portion of the tissue grasping mechanism 12 and the guide rail to remain in the patient's vaginal canal during the time period in which the patient's uterine arteries are being occluding by the occluding device 40 mounted on the guide rail 11. Removal of the proximal portions 19 and 23 provides greater comfort and freedom of movement to a patient receiving treatment. The removable proximal portions 19 and 23 may be connected by suitable means such as a threaded connection or with a bayonet-detent connection. to the remaining portions of the tissue grasping members.

On page 12, rewrite paragraph [0037] to read as follows:

The tenaculum-like device 10 is inserted into the patient's vaginal canal and advanced therein until the distal tip 14 or sound of the guide rail 11 enters the patient's cervical os. The distal tip 14 of the guide rail 11 is advanced well into the patient's cervical canal for suitable placement that will guide a therapeutic or diagnostic device into a desired location. The tenaculum-like device 10 may be secured in place by pressing the proximal portions 19 and 23 of the first and second elongated members so that the tissue grasping element or spike 25 is pressed into cervical tissue. One or more spikes 25 may be disposed on the distal end of the first elongated member 22 to press into cervical tissue in order to retain the tenaculum-like device 10 in place. It will be understood that other retention elements configured to retain a tenaculum-like device 10 in place within or on a patient's body, such as serrations, grooves, or other elements, may be employed.

On page 14, rewrite paragraph [0040] to read as follows:

As shown in Figure 4-6 the outer sheath 55 is separated into proximal portion 66 and distal portion 67. The distal end of the proximal portion 66 has a semi-circular step 68 which engages the semi-circular step 70 on the proximal end 71 of the distal portion 67 Distal thrusting and rotation of the proximal portion 66 causes the semi-circular steps 68 and 70 to engage, drive and rotate the distal portion 67 so as to place the locating pin 61 on the distal portion of the shaft 51 within the longitudinally oriented slot 60 and ultimately into the locking circumferentially oriented slot 63. As shown more clearly in Figure 6A, the upper surface of the distal portion 62 of the shaft 51 has a D-shaped recess 72 configured to receive the proximal end 73 of arm 53 to provide a smoother outer surface so that when the distal end 57 of the outer sheath 55 slides

distally it slides over the arm so that the spike 54 on the distal end of the arm engages the patient's uterine cervix. The proximal end 73 of arm 53 disposed within the D-shaped recess 72 may be welded, pinned, glued, or otherwise fixedly attached to shaft 14 within the recess. The arm 53 may be made with metal, such as stainless steel, or other durable, flexible material, including polymers. As shown the arm 53 is formed so as to extend radially away from the distal portion 62 of the shaft 51. Alternatively, the joint between the proximal end 73 of arm 53 may include a spring, or a hinged joint, or both so as to bias the distal end of the arm having the tissue grasping element or spike 54 away from the shaft 51 to facilitate receiving the patient's uterine cervix.

On page 15, rewrite paragraph [0041] to read as follows:

As best shown in Figures 5 and 7, the elongated shaft 51 may be formed of proximal and distal shaft sections 74 and 75 respectively which are held together by elongated threaded member 76 which extends through the inner lumen 77 of proximal shaft section 74 and which has a threaded distal end 78 which is threadably connected to the threaded proximal end 80 of distal shaft section 75. The distal end of the proximal shaft section 74 is provided with an inner shoulder 81 which receives the proximal end 80 of the distal shaft section 75. Clockwise rotation of the enlarged knurled end 82 of the threaded member 76 tightens the connection between the proximal and distal shaft sections 74 and 75.

On page 16, rewrite paragraph [0044] to read as follows:

A schematic diagram of female human reproductive anatomy and related structures is shown in Figure 9, illustrating the placement and use therein of tenaculum-like device 50 previously described. The anatomical features shown in Figure 9 include uterus 90, vaginal canal 91, uterine cervix 92, vaginal fornix 93, cervical os 94, and

uterine arteries 95 and 96 (which provide a large fraction of the uterine blood supply). A uterine fibroid 97 within the uterine wall is also illustrated. As discussed above, and as disclosed in U.S. application serial number 09/908,815, filed July 20, 2001, to Burbank et al. ("815 application"), co-assigned with the present application, the entire contents of which are incorporated by reference herein, reduction or termination of blood flow in the uterine arteries is effective to treat uterine fibroids and other disorders of a female patient's uterus. The uterus 90 is accessed via vaginal canal 91 and through uterine cervix 92. The vaginal canal 91 has a wall forming the vaginal fornix 93 adjacent uterine cervix 92. The sound 64 extends through the cervical os 94 into the cervical canal 97. Arm 53 is pressed toward the sound 64 so that the spike 54 engages the exterior of uterine cervix 92. With the uterine cervix firmly secured, the tenaculum-type device may be employed to adjust the position of the cervix to facilitate the advancement of medical instruments over the shaft of the tenaculum-like device 50 to the uterus. The uterus 90 is supplied with blood predominantly by the uterine arteries 95 and 96 with lesser amounts coming from the patient's ovarian arteries. By advancing the uterine artery occlusion device such as that shown in Figure 8 (or Figure 3), to press the paddles thereof against the patient's vaginal fornix, the underlying uterine arteries may be occluded when the paddles are close and locked in position.